

Hawaii Insurance Division

Continuing Education Program

Course Approval Application

PLEASE PRINT CLEARLY OR TYPE. PHOTOCOPY AS NEEDED.

| | | |
|--|---|---|
| Name: | | Provider Number: |
| Course Title <i>(maximum 40 characters)</i> : | | Course Number <i>(Leave Blank)</i> : |
| Course Type <i>(check all that apply)</i> : <input type="checkbox"/> Classroom <input type="checkbox"/> Self-study <input type="checkbox"/> Seminar <input type="checkbox"/> Other _____ | For classroom only, how will this course be taught? <i>(check all that apply)</i> <input type="checkbox"/> Lecture <input type="checkbox"/> Workshop <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Video / Teleconference <input type="checkbox"/> Other _____ | For classroom only, how much time will students be required to attend class to receive credit? _____ |
| How will classroom attendance be verified? <i>(check all that apply)</i> <input type="checkbox"/> Periodic roll call or attendee audit <input type="checkbox"/> Sign-in/out sheet and door monitor <input type="checkbox"/> Attendance ticket and door monitor <input type="checkbox"/> Other _____ | | Number of Credit Hours Applying For _____ |
| Do you require an examination? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| For which license line(s) are you seeking credit? <input type="checkbox"/> Life/Health <input type="checkbox"/> Property/Casualty <div style="text-align: center;"> <input type="checkbox"/> Life Health Law <input type="checkbox"/> Property Casualty Law </div> | | |
| Provide a summary description of the content and scope of the course below (minimum 50 words): <div style="border: 1px solid black; height: 80px; width: 100%;"></div> | | |
| <p>For classroom and seminar courses: Attach a comprehensive course outline or syllabus. Annotate the outline indicating for each section the number of minutes of instruction that will be offered. Attach a copy of the final examination and exam plan, if applicable.</p> <p>For self-study courses: Enclose a copy of the self-study materials with a copy of the final examination and exam plan. For each examination question, provide a page and paragraph reference to the study materials in an electronic format.</p> | | |
| Has this course been approved in at least five other states? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the states and attach the course approval document issued by each state. | | |
| <p>I certify that I have read Chapter 16-174, Hawaii Administrative Rules, "Continuing Education for Insurance" and agree to abide by those Rules and will abide by Hawaii insurance laws and regulations, the Americans with Disabilities Act, and all applicable state and federal equal employment opportunity and safety requirements. Additionally, I will require any instructors I utilize to teach courses to certify that they satisfy the requirements to be an instructor and to abide by those Rules applicable to instructors. I am aware that any failure to abide by the Rules may result in the termination of this provider's authorization to offer courses and that all course approvals will be simultaneously withdrawn.</p> <div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="width: 45%; text-align: center;"> _____ Applicant's Signature </div> <div style="width: 45%; text-align: center;"> _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Print or Type Name </div> <div style="width: 45%; text-align: center;"> _____ Title </div> </div> | | |

OFFICE USE ONLY:

164 \$30.00 \$ _____
 154 \$20.00 \$ _____
 118 \$10.00 \$ _____